

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Corrine Brown

ADDRESS (number and street)

3563 Carriage Walk Lane

Check if different  
than previously  
reported. (ACC)

Laurel

MD

20724

2. FEC IDENTIFICATION NUMBER ▼

C

C00272732

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

FL

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gloria Simmons

Signature of Treasurer

Gloria Simmons

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**Friends of Corrine Brown**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	63167.52	215973.59
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	63167.52	214273.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	30174.97	202257.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1574.34
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	30174.97	200682.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28939.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	29966.42	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Friends of Corrine Brown

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

18941.00

74841.00

(ii) Unitemized.....

3826.52

9982.59

(iii) TOTAL of contributions from individuals ▶

22767.52

84823.59

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

40400.00

131150.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

63167.52

215973.59

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

2000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

2000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

1574.34

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

63167.52

219547.93

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 60

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30174.97	202257.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1700.00
21. OTHER DISBURSEMENTS .....	3471.50	8501.25
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	33646.47	212458.40

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-581.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	63167.52
25. SUBTOTAL (add Line 23 and Line 24).....	62586.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33646.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28939.53

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

William Almas

A.

Mailing Address 2355 Cherokee Cove Trail

City

Jacksonville

State

FL

Zip Code

32221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

B3 Solutions LLC

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2013

Transaction ID : C9099487

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Debbie M Ashley

B.

Mailing Address 4017 Cog Hill Ct

City

Jacksonville

State

FL

Zip Code

32225-4749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Business Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : C9108923

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

M Jean Butler

C.

Mailing Address PO Box 2352

City

Winter Park

State

FL

Zip Code

32790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : C9132425

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Gregorio Francis

Mailing Address 6226 Cartmel Ln

City

Windermere

State

FL

Zip Code

34786-5419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morgan & Morgan PAOccupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : C9108913

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Reggie Fullwood

Mailing Address 1111 Fairfax St

City

Jacksonville

State

FL

Zip Code

32209-7229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : C9108924

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nathaniel F Furd Sr.

Mailing Address 623 Summer Dr

City

Atlanta

State

GA

Zip Code

30328-6024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2013

Transaction ID : C9099545

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 60  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial) <b>Reginald L. Gaffney</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 12 / 2013</div> </div>	
Mailing Address 1845 Daytona Ln		Transaction ID : C9099544	
City Jacksonville	State FL		Zip Code 32218
FEC ID number of contributing federal political committee. <div>C</div>			Amount of Each Receipt this Period <div>1000.00</div>
Name of Employer Jacksonville Port Authority	Occupation Secretary/Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div>1000.00</div>	

Full Name (Last, First, Middle Initial) <b>Stanley Golston</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>12 / 18 / 2013</div> </div>	
Mailing Address 122 Scott St		Transaction ID : C9132752	
City San Francisco	State CA		Zip Code 94117
FEC ID number of contributing federal political committee. <div>C</div>			Amount of Each Receipt this Period <div>150.00</div>
Name of Employer AT&T	Occupation Senior Specialist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div>600.00</div>	

Full Name (Last, First, Middle Initial) <b>Armenia S Green</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 08 / 2013</div> </div>	
Mailing Address 3942 Victoria Landing Dr N		Transaction ID : C9099537	
City Jacksonville	State FL		Zip Code 32208-1987
FEC ID number of contributing federal political committee. <div>C</div>			Amount of Each Receipt this Period <div>125.00</div>
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div>275.00</div>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1275.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 60

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**Julia L Johnson**

Mailing Address 5169 Latrobe Drive

City

Windermere

State

FL

Zip Code

34786-8959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Communications, LLC

Occupation

Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : C9097462

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Bretrand F Jones**

Mailing Address 9232 Sand Creek Ct

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Supreme Solutions Inc

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2013

Transaction ID : C9099488

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Gasper Lazzara Jr**

Mailing Address 129 Bristol Place

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2013

Transaction ID : C9082188

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Ian MacKechnie

Mailing Address 600 N. Westshore Blvd.

City

Tampa

State

FL

Zip Code

33609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amscot Financial, Inc.Occupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : C9111072

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ian A MacKechnie

Mailing Address 5013 W San Miguel St

City

Tampa

State

FL

Zip Code

33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amscot Financial, IncOccupation  
Executive Vice Chairman

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : C9111046

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Frederick E McKinnies

Mailing Address 11591 Braddock Rd

City

Jacksonville

State

FL

Zip Code

32219-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2013

Transaction ID : C9099551

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 60

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**Alvin Moore**

Mailing Address 347 Lime St

City

Eatonville

State

FL

Zip Code

32751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morehouse Realty

Occupation

Real Estate Broker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 02 2013

Transaction ID : C9132593

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Lois H Moore**

Mailing Address 501 Slaters Ln

Apt 103

City

Alexandria

State

VA

Zip Code

22314-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 18 2013

Transaction ID : C9132768

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Angelita V Morgan**

Mailing Address 835 Clay St

City

Fleming Island

State

FL

Zip Code

32003-9307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1366.00

Date of Receipt

M M / D D / Y Y Y Y  
12 02 2013

Transaction ID : C9108927

Amount of Each Receipt this Period

1366.00

**SUBTOTAL** of Receipts This Page (optional).....

2116.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Bobby Raulerson

A.

Mailing Address 995 Shipwatch Dr E

City

Jacksonville

State

FL

Zip Code

32225-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : C9132332

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

Johnny Rivers

B.

Mailing Address 12101 Crescent Cove Ct

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
InglurOccupation  
President/CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : C9132594

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Darnell Smith

C.

Mailing Address 11768 Cherry Bark Dr E

City

Jacksonville

State

FL

Zip Code

32218-8614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : C9108911

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

George Spencer

A.

Mailing Address 2040 E 21st St

City

Jacksonville

State

FL

Zip Code

32206-2661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spencer & CompanyOccupation  
CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : C9082563

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Shawna Francis Watley

B.

Mailing Address 12612 Willow Marsh Ln

City

Bowie

State

MD

Zip Code

20720-4651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holland & KnightOccupation  
Partner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : C9132773

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Olatunji K Williams

C.

Mailing Address 1138 Dawn Creek Ct

City

Jacksonville

State

FL

Zip Code

32218-9031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Business Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : C9108922

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

18941.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Air Line Pilots Association PAC

Mailing Address 1625 Massachusetts Ave NW

City

Washington

State

DC

Zip Code

20036-2212

FEC ID number of contributing  
federal political committee.

C C00035451

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : C9132753

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Amalgamated Transit Union COPE

Mailing Address 5025 Wisconsin Ave NW

City

Washington

State

DC

Zip Code

20016-4113

FEC ID number of contributing  
federal political committee.

C C00032995

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : C9132751

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. American Association for Justice PAC

Mailing Address 777 6th Street, NW  
Suite 200

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C C00024521

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2013

Transaction ID : C9099474

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

5500.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**American Hospital Association PAC**

Mailing Address 325 7th St NW  
 Ste 700

City State Zip Code  
 Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

**C** C00106146

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 02 2013

**Transaction ID : C9108903**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Anheuser-Busch Companies Inc PAC**

Mailing Address 1 Busch Pl  
 # 202-7

City State Zip Code  
 Saint Louis MO 63118-1849

FEC ID number of contributing  
federal political committee.

**C** C00034488

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 18 2013

**Transaction ID : C9099477**

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ARNOLD & PORTER LLP PARTNERS POLITICAL ACTION COMMITTEE**

Mailing Address 555 12TH STREET, NW

City State Zip Code  
 WASHINGTON DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00216895

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 18 2013

**Transaction ID : C9099498**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

3000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. AT&amp;T Inc, Federal PAC

Mailing Address 208 S Akard St

Ste 2701

City

Dallas

State

TX

Zip Code

75202-4206

FEC ID number of contributing  
federal political committee.

C C00109017

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		02		2013

Transaction ID : C9108905

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1710 SIXTH AVENUE NORTH

City

BIRMINGHAM

State

AL

Zip Code

35203

FEC ID number of contributing  
federal political committee.

C C00358440

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		18		2013

Transaction ID : C9132749

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brotherhood of Railroad Signalmen PAC

Mailing Address 917 Shenandoah Shores Rd

City

Front Royal

State

VA

Zip Code

22630

FEC ID number of contributing  
federal political committee.

C C00011262

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		06		2013

Transaction ID : C9082818

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Comcast Corporation PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>02</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		02		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
12		02		2013								
Mailing Address 1701 John F Kennedy Blvd FL 49		<b>Transaction ID : C9108925</b>										
City Philadelphia	State PA		Zip Code 19103-2855									
FEC ID number of contributing federal political committee. <b>C</b> C00248716		Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00												
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00									
2000.00												

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Cruise Lines International Association PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		30		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
12		30		2013								
Mailing Address 2111 Wilson Blvd FL 8		<b>Transaction ID : C9132281</b>										
City Arlington	State VA		Zip Code 22201-3001									
FEC ID number of contributing federal political committee. <b>C</b> C00432393		Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00									
2500.00												
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00									
2500.00												

<b>C.</b> Full Name (Last, First, Middle Initial) <b>D.R.I.V.E. - Democrat, Republican, Independent Voter Education</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>18</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		18		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11		18		2013								
Mailing Address 25 Louisiana Ave NW		<b>Transaction ID : C9099469</b>										
City Washington	State DC		Zip Code 20001									
FEC ID number of contributing federal political committee. <b>C</b> C00032979		Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00												
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00									
2500.00												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00
4000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>	



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 60

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Darden Restaurants Inc Employees Good Gov't Fund

Mailing Address 5900 Lake Ellenor Dr

City

Orlando

State

FL

Zip Code

32809

FEC ID number of contributing  
federal political committee.

C C00108282

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

Transaction ID : C9132376

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Engineers Political Education Committee

Mailing Address 1125 17th St NW

City

Washington

State

DC

Zip Code

20036-4709

FEC ID number of contributing  
federal political committee.

C C00029504

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : C9079291

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Florida Health PAC

Mailing Address PO Box 6936

4800 Deerwood Campus Pkwy DC3-4

City

Jacksonville

State

FL

Zip Code

32236

FEC ID number of contributing  
federal political committee.

C C00161141

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : C9132765

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)  
**Florida Municipal Electric Association Inc PAC**

Mailing Address 417 E College Ave

City State Zip Code  
 Tallahassee FL 32301-1523

FEC ID number of contributing  
federal political committee. **C** C00377754

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 18 2013

Transaction ID : C9132750

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)  
**General Electric Company PAC**

Mailing Address 1299 Pennsylvania Ave NW  
 Ste 900

City State Zip Code  
 Washington DC 20004-2414

FEC ID number of contributing  
federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 18 2013

Transaction ID : C9099473

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
**Hogan & Lovells PAC**

Mailing Address 555 13th St NW 8th FL

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee. **C** C00261339

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 18 2013

Transaction ID : C9099467

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

**A.** Full Name (Last, First, Middle Initial)  
**Holland & Knight C'tee for Effective Government**

Mailing Address 2099 Pennsylvania Ave, NW  
 Suite 100

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing  
federal political committee.

**C** C00171330

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

**Transaction ID : C9132405**

Amount of Each Receipt this Period

100.00

\* In-Kind: Room Rental

**B.** Full Name (Last, First, Middle Initial)  
**Holland & Knight C'tee for Effective Government**

Mailing Address 2099 Pennsylvania Ave, NW  
 Suite 100

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing  
federal political committee.

**C** C00171330

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

**Transaction ID : C9132766**

Amount of Each Receipt this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL DAIRY FOODS ASSOCIATION (IDFA) - ICE CREAM, MILK & CHEESE PAC**

Mailing Address 1250 H STREET, NW  
 SUITE 900

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing  
federal political committee.

**C** C00128231

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

**Transaction ID : C9074402**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**Full Name (Last, First, Middle Initial)  
**A. JM Family Enterprises, Inc. PAC**

Mailing Address 111 Jim Moran Blvd

City	State	Zip Code
Deerfield Beach	FL	33442

FEC ID number of contributing  
federal political committee.**C** C00240911

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2013

Transaction ID : C9099462

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)  
**B. LEADING ORANGE COUNTY PAC**

Mailing Address PO BOX 6037

City	State	Zip Code
SANTA ANA	CA	92706

FEC ID number of contributing  
federal political committee.**C** C00345124

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : C9074403

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)  
**C. Lockheed Martin Corporation Employees' PAC**Mailing Address 2121 Crystal Dr  
Ste 100

City	State	Zip Code
Arlington	VA	22202

FEC ID number of contributing  
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : C9108912

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

1800.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

A. Full Name (Last, First, Middle Initial)  
**National Tank Truck Carriers Inc PAC**

Mailing Address **950 N Glebe Rd**  
**Ste 520**

City **Arlington** State **VA** Zip Code **22203-4183**

FEC ID number of contributing  
federal political committee.

**C** **C00188011**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1500.00**

Date of Receipt

**11** / **18** / **2013**

Transaction ID : **C9099459**

Amount of Each Receipt this Period

**1000.00**

B. Full Name (Last, First, Middle Initial)  
**Seafarers Political Activity Donation**

Mailing Address **5201 Auth Way**

City **Camp Springs** State **MD** Zip Code **20746**

FEC ID number of contributing  
federal political committee.

**C** **C00004325**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2500.00**

Date of Receipt

**12** / **02** / **2013**

Transaction ID : **C9108904**

Amount of Each Receipt this Period

**1500.00**

C. Full Name (Last, First, Middle Initial)  
**Sheet Metal Workers' International Association PAL**

Mailing Address **1750 New York Avenue, NW**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing  
federal political committee.

**C** **C00007542**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**5000.00**

Date of Receipt

**12** / **23** / **2013**

Transaction ID : **C9132298**

Amount of Each Receipt this Period

**5000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**7500.00**

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 60

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Corrine Brown**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Siemens Corporation PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>18</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		18		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11		18		2013								
Mailing Address 300 NEW JERSEY AVENUE, NW SUITE 1000		<b>Transaction ID : C9099453</b>										
City WASHINGTON State DC Zip Code 20001												
FEC ID number of contributing federal political committee. <b>C</b> C00353797		Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00												
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00										
2000.00												

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Transportation Trades Dept., AFL-CIO PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>02</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		02		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
12		02		2013								
Mailing Address 888 16th St NW Suite 650		<b>Transaction ID : C9108926</b>										
City Washington State DC Zip Code 20006												
FEC ID number of contributing federal political committee. <b>C</b> C00280909		Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00												
Name of Employer	Occupation											
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00										
1500.00												

<b>C.</b> Full Name (Last, First, Middle Initial) <b>United Transportation Union PAC</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>18</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		18		2013
M M M	/	D D D	/	Y Y Y Y Y Y								
11		18		2013								
Mailing Address 24950 Country Club Blvd Ste 340		<b>Transaction ID : C9099456</b>										
City North Olmstead State OH Zip Code 44070												
FEC ID number of contributing federal political committee. <b>C</b> C00001636		Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00									
2500.00												
Name of Employer	Occupation											
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>10000.00</td> </tr> </table>	10000.00										
10000.00												

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00
4000.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td>40400.00</td> </tr> </table>	40400.00
40400.00		

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address PO Box 70529

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement  
Telecommunications Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

Amount of Each Disbursement this Period

260.37
--------

Transaction ID : D521274

**B. AT&T**

Mailing Address PO Box 70529

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement  
Telecommunications Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2013

Amount of Each Disbursement this Period

250.34
--------

Transaction ID : D522524

**C. AT&T**

Mailing Address PO Box 70529

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement  
Telecommunications Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

255.31
--------

Transaction ID : D525777

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

766.02

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. James Calvin**

Mailing Address 6227 Pettiford Dr

City	State	Zip Code
Jacksonville	FL	32209

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2013

Amount of Each Disbursement this Period

326.00
--------

Transaction ID : D522460

**B. CATO Travel**Mailing Address 1925 N Lynn St  
Ste 801

City	State	Zip Code
Arlington	VA	22209-1705

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : D525780

**c. CATO Travel**Mailing Address 1925 N Lynn St  
Ste 801

City	State	Zip Code
Arlington	VA	22209-1705

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : D525781

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

386.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Cavalia USA Inc**Mailing Address 145 Pine Haven Shores Rd  
Ste 1121

City Shelburne State VT Zip Code 05482-7703

Purpose of Disbursement  
Gifts for Supporters

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

Amount of Each Disbursement this Period

308.00
--------

Transaction ID : D521167

**B. Cracker Barrel**

Mailing Address 4680 Lenoir Ave S

City Jacksonville State FL Zip Code 32216-4033

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

Amount of Each Disbursement this Period

50.98
-------

Transaction ID : D525783

**c. Cracker Barrel**

Mailing Address 4680 Lenoir Ave S

City Jacksonville State FL Zip Code 32216-4033

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : D525784

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

383.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. David Andrukitis, Inc.**

Mailing Address 50 E St SE

City	State	Zip Code
Washington	DC	20003-2620

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

219.43
--------

Transaction ID : D522473

**B. Edible Arrangements**

Mailing Address 11776 E Colonial Dr

City	State	Zip Code
Orlando	FL	32817

Purpose of Disbursement  
Fruit Basket

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

Amount of Each Disbursement this Period

114.49
--------

Transaction ID : D521187

**c. Edible Arrangements**

Mailing Address 11776 E Colonial Dr

City	State	Zip Code
Orlando	FL	32817

Purpose of Disbursement  
Fruit Basket

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

104.76
--------

Transaction ID : D525786

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

438.68

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Edible Arrangements**

Mailing Address 11776 E Colonial Dr

City	State	Zip Code
Orlando	FL	32817

Purpose of Disbursement  
Fruit Basket

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

102.95
--------

Transaction ID : D525787

**B. Edible Arrangements**

Mailing Address 11776 E Colonial Dr

City	State	Zip Code
Orlando	FL	32817

Purpose of Disbursement  
Fruit Basket

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

Amount of Each Disbursement this Period

102.95
--------

Transaction ID : D525788

**C. Edible Arrangements**

Mailing Address 11776 E Colonial Dr

City	State	Zip Code
Orlando	FL	32817

Purpose of Disbursement  
Fruit Basket

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

98.43
-------

Transaction ID : D522529

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

304.33

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Evans & Katz LLC**Mailing Address 600 Pennsylvania Ave SE  
Ste 340

City Washington State DC Zip Code 20003-6300

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : D522478

**B. Exxon Mobile**

Mailing Address 121 State St E

City Jacksonville State FL Zip Code 32202-3050

Purpose of Disbursement  
Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

Amount of Each Disbursement this Period

31.18
-------

Transaction ID : D521194

**C. Flowers Express**

Mailing Address 2504 N Main St

City Jacksonville State FL Zip Code 32206

Purpose of Disbursement  
Flowers

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

203.30
--------

Transaction ID : D521844

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2234.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Giant Oil**

Mailing Address 4453 San Juan Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2013

City	State	Zip Code
Jacksonville	FL	32210

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

33.92
-------

Transaction ID : D521276

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Giant Oil**

Mailing Address 4453 San Juan Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

City	State	Zip Code
Jacksonville	FL	32210

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

39.82
-------

Transaction ID : D521168

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Giant Oil**

Mailing Address 4453 San Juan Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

City	State	Zip Code
Jacksonville	FL	32210

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

48.60
-------

Transaction ID : D521169

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

122.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Giant Oil**

Mailing Address 4453 San Juan Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2013

City	State	Zip Code
Jacksonville	FL	32210

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

44.59
-------

Transaction ID : D525789

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Giant Oil**

Mailing Address 4453 San Juan Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

City	State	Zip Code
Jacksonville	FL	32210

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

54.99
-------

Transaction ID : D525790

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Giant Oil**

Mailing Address 4453 San Juan Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

City	State	Zip Code
Jacksonville	FL	32210

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

55.42
-------

Transaction ID : D522496

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

155.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Giant Oil**

Mailing Address 4453 San Juan Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

City	State	Zip Code
Jacksonville	FL	32210

Amount of Each Disbursement this Period

21.44
-------

Purpose of Disbursement  
Travel**Transaction ID : D522523**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Hanna Hunt**

Mailing Address 421 New Jersey Ave SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

City	State	Zip Code
Washington	DC	20003-4007

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Fundraising Consulting Services**Transaction ID : D522487**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Hilton Convention Center**

Mailing Address 1751 Hotel Plaza Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2013

City	State	Zip Code
Orlando	FL	32830-8430

Amount of Each Disbursement this Period

880.77
--------

Purpose of Disbursement  
Lodging**Transaction ID : D522545**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1902.21

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Hilton Convention Center**

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2013

Amount of Each Disbursement this Period

911.28
--------

Transaction ID : D522546

**B. Hilton Convention Center**

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

366.26
--------

Transaction ID : D522547

**C. Ilene's for Fashion**Mailing Address 2441 NW 43rd St  
Ste 25B

City	State	Zip Code
Gainesville	FL	32606-7433

Purpose of Disbursement  
Gifts for Supporters

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

302.10
--------

Transaction ID : D522502

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1579.64



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Jacksonville Aloft Hotel**

Mailing Address 751 Skymarks Dr

City	State	Zip Code
Jacksonville	FL	32218

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

Amount of Each Disbursement this Period

284.37
--------

Transaction ID : D522491

**B. Jenny's Asian Fusion**

Mailing Address 1000 Water St SW

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2013

Amount of Each Disbursement this Period

83.86
-------

Transaction ID : D521275

**C. Junior's Seafood and Grill**

Mailing Address 9349 N Main St

City	State	Zip Code
Jacksonville	FL	32218-5747

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2013

Amount of Each Disbursement this Period

81.59
-------

Transaction ID : D522526

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

449.82

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Lima Restaurant**

Mailing Address 1401 K St NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2013

City	State	Zip Code
Washington	DC	20005-3418

Purpose of Disbursement  
Food/Beverages

Amount of Each Disbursement this Period

327.70
--------

Transaction ID : D522537

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. Shirley Meeks**

Mailing Address 8967 Camshire Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2013

City	State	Zip Code
Jacksonville	FL	32244

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

380.00
--------

Transaction ID : D522462

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**c. Mila's Catering Inc**

Mailing Address 1720 Lanier PI NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement  
Catering Services

Amount of Each Disbursement this Period

125.00
--------

Transaction ID : D522474

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

832.70

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Mila's Catering Inc**

Mailing Address 1720 Lanier PI NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement  
Catering Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2013

Amount of Each Disbursement this Period

865.00
--------

Transaction ID : D522472

**B. Millennium UN Plaza Hotel**

Mailing Address 1 United Nations Plaza

City	State	Zip Code
New York	NY	10017

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

Amount of Each Disbursement this Period

501.09
--------

Transaction ID : D525793

**C. Millennium UN Plaza Hotel**

Mailing Address 1 United Nations Plaza

City	State	Zip Code
New York	NY	10017

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

Amount of Each Disbursement this Period

785.02
--------

Transaction ID : D525800

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2151.11

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Millennium UN Plaza Hotel**

Mailing Address 1 United Nations Plaza

City	State	Zip Code
New York	NY	10017

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

Amount of Each Disbursement this Period

269.57
--------

Transaction ID : D525801

**B. Moneris Solutons Inc**

Mailing Address PO Box 1479

City	State	Zip Code
Eureka	CA	95502

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

Amount of Each Disbursement this Period

35.00
-------

Transaction ID : D525802

**c. Moneris Solutons Inc**

Mailing Address PO Box 1479

City	State	Zip Code
Eureka	CA	95502

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

Amount of Each Disbursement this Period

35.00
-------

Transaction ID : D521183

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

269.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Moneris Solutons Inc**

Mailing Address PO Box 1479

City	State	Zip Code
Eureka	CA	95502

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

Amount of Each Disbursement this Period

2766.27
---------

Transaction ID : D521170

**B. Morton's of Arlington**

Mailing Address 1750 Crystal Dr.

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

Amount of Each Disbursement this Period

116.74
--------

Transaction ID : D525804

**C. National Democratic Club**

Mailing Address 30 Ivy St SE

City	State	Zip Code
Washington	DC	20003-4006

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

2614.53
---------

Transaction ID : D522469

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2766.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. NGP VAN, Inc**Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Software Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	02	2013

Amount of Each Disbursement this Period

3728.92
---------

Transaction ID : D522466

**B. Piccadilly Cafeteria**

Mailing Address 5950 Ramona Blvd

City Jacksonville State FL Zip Code 32205-4001

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	26	2013

Amount of Each Disbursement this Period

102.02
--------

Transaction ID : D525806

**C. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	04	2013

Amount of Each Disbursement this Period

7.77
------

Transaction ID : D525807

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3838.71

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

Amount of Each Disbursement this Period

9.50
------

Transaction ID : D525808

**B. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

Amount of Each Disbursement this Period

106.92
--------

Transaction ID : D525809

**C. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

Amount of Each Disbursement this Period

2.59
------

Transaction ID : D522518

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

119.01

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2013

Amount of Each Disbursement this Period

89.29
-------

Transaction ID : D522519

**B. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2013

Amount of Each Disbursement this Period

71.13
-------

Transaction ID : D522520

**C. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

Amount of Each Disbursement this Period

18.13
-------

Transaction ID : D521280

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

89.29



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

Amount of Each Disbursement this Period

11.87
-------

Transaction ID : D521281

**B. Red Lobster**

Mailing Address 1000 Darden Center Dr

City	State	Zip Code
Orlando	FL	32837

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

261.37
--------

Transaction ID : D522488

**c. Red Lobster**

Mailing Address 1000 Darden Center Dr

City	State	Zip Code
Orlando	FL	32837

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

115.10
--------

Transaction ID : D522528

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

388.34

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Red Lobster**

Mailing Address 1000 Darden Center Dr

City	State	Zip Code
Orlando	FL	32837

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2013

Amount of Each Disbursement this Period

105.51
--------

Transaction ID : D525532

**B. Regal Cinemas**

Mailing Address 510 N Orlando Ave

City	State	Zip Code
Winter Park	FL	32789-2935

Purpose of Disbursement  
Facility Rental

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

Amount of Each Disbursement this Period

936.00
--------

Transaction ID : D522548

**c. Regal River City**

Mailing Address 12884 City Center Blvd

City	State	Zip Code
Jacksonville	FL	32218-7216

Purpose of Disbursement  
Facility Rental

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

390.00
--------

Transaction ID : D522530

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1431.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Ruth's Chris Steak House**

Mailing Address 1201 Riverplace Blvd.

City	State	Zip Code
Jacksonville	FL	32206

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 26 / 2013

Amount of Each Disbursement this Period

64.09
-------

Transaction ID : D525815

**B. Ruth's Chris Steak House**

Mailing Address 1201 Riverplace Blvd.

City	State	Zip Code
Jacksonville	FL	32206

Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 29 / 2013

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : D522534

**c. Security Metric**

Mailing Address 1275 W 1600 N

City	State	Zip Code
Orem	UT	84057-2428

Purpose of Disbursement  
Software Support

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 29 / 2013

Amount of Each Disbursement this Period

249.97
--------

Transaction ID : D522533

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

564.06

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Shell Oil**

Mailing Address 910 Louisiana St

City	State	Zip Code
Houston	TX	77252

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

Amount of Each Disbursement this Period

51.29
-------

Transaction ID : D525816

**B. Shell Oil**

Mailing Address 910 Louisiana St

City	State	Zip Code
Houston	TX	77252

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2013

Amount of Each Disbursement this Period

50.91
-------

Transaction ID : D525817

**c. Shell Oil**

Mailing Address 910 Louisiana St

City	State	Zip Code
Houston	TX	77252

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2013

Amount of Each Disbursement this Period

37.16
-------

Transaction ID : D522522

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

139.36

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Shell Oil**

Mailing Address 910 Louisiana St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

City	State	Zip Code
Houston	TX	77252

Amount of Each Disbursement this Period

34.01
-------

Purpose of Disbursement  
Travel

Transaction ID : D521182

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Shell Oil**

Mailing Address 910 Louisiana St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

City	State	Zip Code
Houston	TX	77252

Amount of Each Disbursement this Period

30.17
-------

Purpose of Disbursement  
Travel

Transaction ID : D521188

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Shell Oil**

Mailing Address 910 Louisiana St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2013

City	State	Zip Code
Houston	TX	77252

Amount of Each Disbursement this Period

42.06
-------

Purpose of Disbursement  
Travel

Transaction ID : D521189

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

106.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Gloria Simmons**

Mailing Address 11607 Longwood Key Dr W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2013

City	State	Zip Code
Jacksonville	FL	32218-3479

Amount of Each Disbursement this Period

411.00
--------

Purpose of Disbursement  
PayrollCategory/  
Type**Transaction ID : D522461**

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Soul Food Bistro**

Mailing Address 5119 Normandy Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

City	State	Zip Code
Jacksonville	FL	32205

Amount of Each Disbursement this Period

33.81
-------

Purpose of Disbursement  
Food/BeveragesCategory/  
Type**Transaction ID : D521193**

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Soul Food Bistro**

Mailing Address 5119 Normandy Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

City	State	Zip Code
Jacksonville	FL	32205

Amount of Each Disbursement this Period

161.82
--------

Purpose of Disbursement  
Food/BeveragesCategory/  
Type**Transaction ID : D525818**

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

606.63

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Sunny's Worldwide Chauffeured Transportation**Mailing Address 23765 Pebble Run Pl  
Ste 220City State Zip Code  
Sterling VA 20166Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

Amount of Each Disbursement this Period

1965.50
---------

Transaction ID : D522968

**B. The Hamilton**

Mailing Address 600 14th St NW

City State Zip Code  
Washington DC 20005-2008Purpose of Disbursement  
Food/Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2013

Amount of Each Disbursement this Period

310.70
--------

Transaction ID : D522525

**c. The River Club**

Mailing Address PO Box 40505

City State Zip Code  
Jacksonville FL 32203-0505Purpose of Disbursement  
Catering Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

770.40
--------

Transaction ID : D522471

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3046.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 1200 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20004-2403

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2013

Amount of Each Disbursement this Period

80.96
-------

Transaction ID : D519953

**B. United States Postal Service**

Mailing Address 1200 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20004-2403

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

184.00
--------

Transaction ID : D519954

**c. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2013

Amount of Each Disbursement this Period

49.00
-------

Transaction ID : D522540

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

313.96



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 60

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

## **A. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City State Zip Code  
 Phoenix AZ 85034-3802

Purpose of Disbursement  
 Travel

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 11 / 21 / 2013

Amount of Each Disbursement this Period

99.00

Transaction ID : D522541

## **B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City State Zip Code  
 Phoenix AZ 85034-3802

Purpose of Disbursement  
 Travel

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 11 / 21 / 2013

Amount of Each Disbursement this Period

179.80

Transaction ID : D522542

## **c. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City State Zip Code  
 Phoenix AZ 85034-3802

Purpose of Disbursement  
 Travel

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 11 / 21 / 2013

Amount of Each Disbursement this Period

179.80

Transaction ID : D522543

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

458.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2013

City	State	Zip Code
Phoenix	AZ	85034-3802

Amount of Each Disbursement this Period

1105.60
---------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : D522544

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

City	State	Zip Code
Phoenix	AZ	85034-3802

Amount of Each Disbursement this Period

62.90
-------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : D525822

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

City	State	Zip Code
Phoenix	AZ	85034-3802

Amount of Each Disbursement this Period

62.90
-------

Purpose of Disbursement  
TravelCategory/  
Type

Transaction ID : D525823

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1231.40

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 60

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address PO Box 563966

City	State	Zip Code
Charlotte	NC	28262

Purpose of Disbursement  
Service Charges

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

50.38
-------

Transaction ID : D522521

**B. Wells Fargo Bank**

Mailing Address PO Box 563966

City	State	Zip Code
Charlotte	NC	28262

Purpose of Disbursement  
Service Charge

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

Amount of Each Disbursement this Period

66.25
-------

Transaction ID : D525814

**C. Wells Fargo Bank**

Mailing Address PO Box 563966

City	State	Zip Code
Charlotte	NC	28262

Purpose of Disbursement  
Service Charges

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

Amount of Each Disbursement this Period

69.47
-------

Transaction ID : D521273

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

186.10

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

**A. Ronita Sanders**

Mailing Address 4519 Lenox Blvd

City	State	Zip Code
Orlando	FL	32811

Purpose of Disbursement  
Reimbursement: Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

125.00
--------

Transaction ID : D525534

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

125.00
--------

27386.96
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 60

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Alachuha County Executive Committee**

Mailing Address PO Box 5216

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2013

City	State	Zip Code
Gainesville	FL	32627-5216

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : D524834**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. City of Jacksonville**

Mailing Address 117 W Duval St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2013

City	State	Zip Code
Jacksonville	FL	32202-3700

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : D522464**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. City of Jacksonville**

Mailing Address 117 W Duval St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

City	State	Zip Code
Jacksonville	FL	32202-3700

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : D522465**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

950.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 60

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

Full Name (Last, First, Middle Initial)

**A. Duval County Democratic Executive Committee**

Mailing Address 6629 Beach Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

City	State	Zip Code
Jacksonville	FL	32216

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : D521849**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. NAACP Alachua County Branch**

Mailing Address PO Box 5014

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2013

City	State	Zip Code
Gainesville	FL	32627-5014

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : D524835**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Senior Life Foundation**

Mailing Address 9745 Hood Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2013

City	State	Zip Code
Jacksonville	FL	32257

Amount of Each Disbursement this Period

220.00
--------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : D521879**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1220.00



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 56 OF 60

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L815

Friends of Corrine Brown

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2010

Corrine Brown PERS FUNDS

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

611 Appian Way West

City

State

ZIP Code

Jacksonville

FL

32208

Original Amount of Loan

1500.00

Cumulative Payment To Date

1000.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y  
09 / 27 / 2010

Date Due

M M / D D / Y Y  
No Due Date

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 57 OF 60

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L1011

Friends of Corrine Brown

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Corrine Brown PERS FUNDS

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

611 Appian Way West

City

State

ZIP Code

Jacksonville

FL

32208

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 26 / 2012

Date Due

M M / D D / Y Y Y Y  
No Due Date

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

**TOTALS** This Period (last page in this line only)..... ►

2500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 58 OF 60

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Evans & Katz LLC**

Nature of Debt (Purpose):

Accounting Services

Mailing Address 600 Pennsylvania Ave SE  
Ste 340

City State

Zip Code

Washington

DC

20003-6300

Outstanding Balance Beginning This Period

0.00

Transaction ID : D522476

Amount Incurred This Period

4646.73

Payment This Period

2000.00

Outstanding Balance at Close of This Period

2646.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Hanna Hunt**

Nature of Debt (Purpose):

Fundraising Consulting Services

Mailing Address 421 New Jersey Ave SE

City State

Zip Code

Washington

DC

20003-4007

Outstanding Balance Beginning This Period

0.00

Transaction ID : D522486

Amount Incurred This Period

2900.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

1900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Influential Data**

Nature of Debt (Purpose):

Voter Outreach Calling Services

Mailing Address 12121 Wilshire Blvd  
Suite 750

City

State

Zip Code

Los Angeles

CA

90025

Outstanding Balance Beginning This Period

6249.69

Transaction ID : D472903

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6249.69

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

10796.42

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 59 OF 60

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lee Lewis Media Management**

Nature of Debt (Purpose):

Printing and Direct Mail Services

Mailing Address 5300 Memorial Dr

City State

Zip Code

Stone Mountain

GA

30083

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D365767

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lee Lewis Media Management**

Nature of Debt (Purpose):

Magazine Copies

Mailing Address 5300 Memorial Dr

City State

Zip Code

Stone Mountain

GA

30083

Outstanding Balance Beginning This Period

1500.00

Transaction ID : D365770

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Main Street Communications**

Nature of Debt (Purpose):

Communications Consulting Services

Mailing Address 1300 NE 94th St

City

State

Zip Code

Miami Shores

FL

33138

Outstanding Balance Beginning This Period

6450.00

Transaction ID : D472904

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6450.00

1) **SUBTOTALS** This Period This Page (optional) ▶

12950.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 60 OF 60

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Friends of Corrine Brown**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**NGP VAN, Inc**

Nature of Debt (Purpose):

Software Services

Mailing Address 1101 15th St NW  
Ste 500

City State

Zip Code

Washington

DC

20005-5006

Outstanding Balance Beginning This Period

0.00

Transaction ID : D522467

Amount Incurred This Period

7328.92

Payment This Period

3728.92

Outstanding Balance at Close of This Period

3600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Sandler, Reiff, Young & Lamb PC**

Nature of Debt (Purpose):

Legal Services

Mailing Address 1025 Vermont Ave NW  
Ste 300

City State

Zip Code

Washington

DC

20005-6302

Outstanding Balance Beginning This Period

120.00

Transaction ID : D488834

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

120.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ►

3720.00

2) **TOTALS** This Period (last page this line number only) ..... ►

27466.42

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

2500.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

29966.42